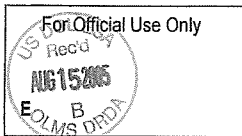


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9997</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Timothy</u> <u>G</u> <u>Overmier</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>8181 Tom Drive</u> City <u>Baton Rouge</u> State <u>Louisiana</u> ZIP Code + 4 <u>70815-8047</u>	4. Name, file number, and address of labor organization. Name <u>Electrical Workers IBEW AFL-CIO LU 995</u> Labor Organization File Number <u>006-937</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>8181 Tom Drive</u> City <u>Baton Rouge</u> State <u>Louisiana</u> ZIP Code + 4 <u>70815-8047</u>
5. Position in labor organization. <u>Organizer / Executive Board</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Timothy Overmier

On

08/02/2005

Date

225-927-6462

Telephone Number

Name of Person Filing Timothy Overmier	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Electricians Health &amp; Welfare Plan, IBEW 995</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 8111 Tom Drive</p> <p>City Baton Rouge</p> <p>State Louisiana ZIP Code + 4 70815</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>Local Union 995 is a Co-Sponsor of the Electricians Health &amp; Welfare Plan, IBEW 995.</p> <p>11.b. Approximate dollar value of such dealing. \$2,075,651</p> <p>12.a. Nature of interest held or income received.</p> <p>IBEW/NECA Employee Benefits Conference Bal Harbour, FL (1/14/04 - 1/16/04) Registration, Travel &amp; Meal expenses paid by the Plan. Tim Overmier paid Hotel bill on his personal credit card &amp; was reimbursed by the Plan. Attended Conference as a Trustee.</p> <p>12.b. Amount. \$815</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p> </p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Electricians Health & Welfare Plan IBEW 995  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 8111 Tom Drive  
City Baton Rouge  
State Louisiana ZIP Code + 4 70815

## 9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4

## 11.a. Nature of such dealing.

Local Union 995 is a Co-Sponsor of the Electricians Health & Welfare Plan IBEW 995.

## 11.b. Approximate dollar value of such dealing.

\$2,075,651

## 12.a. Nature of interest held or income received.

5th District Meeting / Atlanta, GA / March 2004

Travel Expenses paid by Electricians Health & Welfare Plan, IBEW 995

Attended meeting as a Trustee of the Electricians Health & Welfare Plan IBEW 995

## 12.b. Amount.

\$216